

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584957

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		2				
11		/				
12		/				
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16		/				
17		/				
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20		/				
21		/				
22		/				
23	/					
24		/				
25		0				
26		0				
27		0				
28			/			
29				/		
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46				/		
47				/		
48				/		
49			/			
50				/		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	76	←	21	←		←
TOTAL CLAIMS	28		23			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
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97						
98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	8	←		←
TOTAL CLAIMS			8			